

If country of origin is not Ghana, please provide the following:

Resident Permit Number

Permit Issue Date

Place of Issue

Permit Expiry Date

ID Type:

Passport

Voters ID

Drivers License

National Card

Job Title:

Permanent Address:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 2**

Surname:

First Name:

Other Name(s):

Date of Birth (DDMMYYYY):

Gender:

Male

Female

Residential Status:

Resident Ghanaian

Non-Resident Ghanaian

Resident Foreigner

Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number

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ID Type:

Passport

Voters ID

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Permanent Address:

Email Address:

Contact Number 1:

Contact Number 2:

***ACCOUNT SIGNATORY DETAILS 3**

Surname:

First Name:

Other Name(s):

Date of Birth (DDMMYYYY):

Gender:

Male

Female

Residential Status:

Resident Ghanaian

Non-Resident Ghanaian

Resident Foreigner

Non-Resident Foreigner

If country of origin is not Ghana, please provide the following:

Resident Permit Number	Permit Issue Date
<input type="text"/>	<input type="text"/>
Place of Issue	Permit Expiry Date
<input type="text"/>	<input type="text"/>

ID Type: Passport Voters ID Drivers License National Card

Job Title:

Permanent Address:

Email Address:

Contact Number 1: 0

Contact Number 2: 0

*** DIRECTORS/ EXECUTIVE/ TRUSTEE/ ADMIN**

Surname	Other names	ID Type/Number	Status	Contact Number
<input type="text"/>				
<input type="text"/>				

Beneficial Ownership

Shareholders							
Surname	Other names	ID Type/No.	PEP Status	Contact Number	Home Address	Date of Birth	Ownership %
<input type="text"/>							
<input type="text"/>							

Shareholders					
Name of Institution/ person	Location/Residential	Percentage Holdings %	Telephone #	Email Address	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AFFILIATIONS

If a part of a group, kindly state all entities within the group structure

*** BANK ACCOUNT DETAILS**

Bank Name	Account Name	Account Number	Bank Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** INDEMNITY**

I/We.....hereby agree to indemnify SBL from all damages and losses in respect of all transactions and instructions reasonably and properly executed by SBL within the powers contained in the power of attorney.

Signature: _____ Date: _____

*** POWER OF ATTORNEY**

This Power of Attorney is given this.....day of20.....byof (address).....

I/We hereby appoint SIC Brokerage Ltd of No 67 A&B Switchback road, Cantonments PMB CT 314 Cantonments Accra Ghana as my/our true and lawful attorney and in my/our name and on my/our behalf do securities dealing services and investment management services without any risk of loss or liability to the company. I/We further state that this power of attorney shall remain in force until expressly revoked by me/us.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

*** ACCOUNT MANDATE**

Name of Signatory

Signature Specimen

One to sign

Either to sign

All to sign

Others

If other, please specify:

*** DECLARATION**

I/we.....hereby declare that all the information submitted by me/us in this form is correct, true and valid, that by my/our request, to buy and /or sell securities, transfer our securities or dematerialise our securities in my/our name and undertake to notify SBL of any changes to my/our particulars or information as may be necessary.

I/We also declare that we have read thoroughly and understood the contents of this application and have given my/our consent by virtue of my/our signature(s) on this form. I/We consent that investment decisions are my/our prerogative without sole reliance on the investment advice received from SBL. SBL accepts no liability for any direct or consequential loss arising from my/our decision.

I/We also declare that all debits incurred on my/our investment account(s) by virtue of my/our investment shall be settled by me/us accordingly.

Name:

Signature:

Date:

*** OFFICIAL USE ONLY**

*** CLIENT ADDITIONAL INFORMATION**

NB: THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE INSTITUTION DETERMINE WHETHER THE CLIENT IS A POLITICALLY EXPOSED PERSON (PEP)

Does the shareholders, directors, executives, senior management, administrators, trustees and signatories fall under the following:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official *in* Ghana **YES / NO**

If yes to any above, please specify name and nature of the position:

A head of state/government, politician, senior public official, senior military official, senior public corporation officer, high rank political party official *outside* Ghana **YES / NO**

If yes to any above, please specify name and nature of the position:

*** CUSTOMER RISK PROFILE**

Client Verification / Screening:

Level of Risk:

Low

High

Nature of High Risk Exposure:

Foreign Business

Non-Resident

Church / NGO / Association

PEP

Unregulated firm

High Risk Business:

State nature of business

High Risk Country :

State Country:

*** APPROVALS**

Account opened by :

Account approved/authorized by Compliance Officer/AMLRO:

Name of Licensed officer:

Name:

Position:

Position:

Signature:

Signature:

Date:

Date:

**Accounts of High Risk Nature must be jointly approved by GM / Executive / Senior Manager and Compliance Officer*

High risk account authorized/approved by Executive / GM

Name:

Signature:

Date (DDMMYYYY):

Comments:

*** CHECKLIST**

SN.	Documents Required	Yes	No	N/A
1	GSE form completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Account opening form duly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Specimen signature checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Copy of Certificate of Incorporation and Certificate to Commence Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Board resolution to open account and nomination of signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Copy of Memorandum and Articles of Association (Forms A, 3, 17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	TIN Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Partnership Deed (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Constitution (if unregistered association, business, church, NGO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Act / Gazette for Government Agency (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	One passport-sized photograph of each signatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Resident / Work Permit (for Non-Ghanaians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Evidence of registration with other Government Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Proof of Company locational Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Proof of Identity of all signatories and representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Executed management Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Proof of residential and locational address of all signatories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>